Interior Health Authority

2014/15 – 2016/17 SERVICE PLAN

August 2014

Interior Health
For your whole life

BRITISH COLUMBIA

For more information on the
Interior Health Authority
see Contact Information on Page 20 or contact:

Interior Health Authority
220-1815 Kirschner Road
Kelowna, BC
V1Y 4N7

or visit our website at
www.interiorhealth.ca

Message from the Board Chair and Accountability Statement

As Chair of the Board of Directors, I am pleased to present our organization's three-year Service Plan on behalf of Interior Health. The plan includes an organizational overview, strategic context, areas of key focus for the health authority over the next three years, and a summary of our operational and capital budgets. Interior Health's strategic approach, as outlined in this plan, is aligned with the Service Plan of the Ministry of Health (the Ministry) and the Provincial Government's health system strategy *Setting Priorities for the BC Health System* released in April 2014.

The Board of Directors has established quality as its organizing principle. Significant organizational focus has been placed on improving quality across all aspects of the organization and its activities. Our Medical Advisory Committees, which represent the physicians and other members of our medical staff, have placed a strong focus on quality improvement initiatives and learnings, and ensuring these learnings are spread out across the organization. Clinical care management guidelines have been established in 11 areas of clinical care with a focus on evidence informed practice supporting improved care outcomes. Through these and many other initiatives, Interior Health continues to advance a quality agenda across the organization.

Over the past few years, provincial governments across Canada have brought the annual rate of growth in health-care spending down closer in line to the rate of growth in the economy. As a result, Interior Health has further focused its efforts on driving innovation through the health system and finding efficiencies and savings to reinvest in new and expanded program delivery. In 2014/15, Interior Health will continue its focus in these areas to ensure we maximize taxpayers' dollars for direct care services.

As a rural health authority, Interior Health faces challenges that are not found in more urban settings. Reducing the time and distance to care is essential for those who are critically ill. Investments have been and continue to be made in our sites to better support the needs of residents locally including the expansion of the Intensive Care Unit at East Kootenay Regional Hospital in Cranbrook and the introduction of open heart surgery at Kelowna General Hospital. We have recently expanded our ground-based critical care transportation program and our Kamloops-based helicopter air ambulance service to move critically injured patients to the most appropriate level of care more quickly.

For our clients who are not critically ill but may face other challenges accessing care, our telehealth programs are a vital component of their care. This past year, Interior Health celebrated the tenth anniversary of our telehealth program. Instead of patients having to travel for service, the service comes to them either at their local community hospital or health centre, or even in their own home. In 2013/14, there were more than 68,000 patient telehealth interactions in 20 different clinical service areas. In addition to improving health outcomes, telehealth programs significantly reduce travel, which not only has a financial benefit for clients, but also an overall benefit for the environment.

While supporting individuals during acute illness episodes is a significant focus for Interior Health, upstream investments and services are critically important to reduce future impacts on the acute care system. Key health prevention programs under the Provincial Government's Healthy Families BC program are helping people to make healthier choices and to live healthier lives. Integrated care programs, like Home First and Breathe Well, are supporting clients in the community who would otherwise need higher levels of care as well as those with complex chronic conditions.

Interior Health would not be able to support the health needs and outcomes of our patients, clients, and residents without the dedicated efforts of our employees, physicians, and volunteers. Each day, health professionals across our health authority are committed to providing high quality care. I am very proud to note that earlier this year Interior Health was named as one of B.C.'s Top Employers for the second year in a row.

We believe strongly that an engaged and supported workforce results in better care, and ultimately better health outcomes for those we serve.

It is only through partnership that Interior Health is able to achieve its strategies and objectives. We work closely with local governments to improve health outcomes at the community level through strategies that encourage healthy living. As of spring 2014, Interior Health has approximately three-quarters of a billion dollars in healthcare capital construction underway. We would not be able to meet our health-care capital needs without the support of key partners.

We work closely with our regional hospital district partners who contribute significant tax dollars towards capital construction of new and expanded hospitals across our region. Hospital foundations and auxiliaries are also important partners in our health-care system, whether it is through their financial contributions to capital projects or through their volunteer efforts to improve the quality of care experience for our patients, clients, and residents. On behalf of the Board of Directors I would like to express my appreciation and gratitude to our many partners.

The 2014/15 – 2016/17 Interior Health Authority Service Plan was prepared under the Board of Directors' direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The service plan is consistent with Government's strategic priorities and strategic plan, and the Ministry of Health's goals, objectives, and strategies. The Board is accountable for the contents of the plan.

Norman Embree
Board Chair

September 3, 2014

Table of Contents

Message from the Board Chair and Accountability Statement 3

Organizational Overview 6

Strategic Context 7

Goals, Objectives, Strategies, and Performance Measures 10

Resource Summary 18

Resource Summary Table 18

Capital Project Summary 19

Contact Information 20

Hyperlinks to Additional Information 21

Organizational Overview

Interior Health is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

Interior Health provides health services to over 740,000 people across a large geographic area covering almost 215,000 square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Structurally, Interior Health has both service delivery and support portfolios. Service delivery portfolios include:

- Community Integrated Health Services
- Residential Care
- Acute Services

A variety of support portfolios enable the delivery of care. These include (but are not limited to): Medicine and Quality, Human Resources, Professional Practice, Infection Prevention and Control, Information Management/Information Technology, Laboratory Services, Diagnostic Imaging, Pharmacy, Planning, Allied Health, Financial Services, Food Services, Housekeeping, Laundry, and Communications and Public Affairs.

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Our Values

Quality, Integrity, Respect, Trust

Our Principles

Innovative, Clear and Respectful Communication, Continual Learning and Growth, Teamwork, Equitable Access, Evidence-based Practice.

Service delivery is coordinated through a regional "network of care" that includes hospitals, community health centres, residential and assisted living facilities, housing supports for people with mental health and substance use problems, primary health clinics, homes, schools, and other community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders.

The day-to-day operations of Interior Health are led by the Chief Executive Officer and a team of senior executives. The Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of the population of the region in an effective and sustainable manner. Further information about Interior Health's service sectors, Senior Executive Team, and board policies that may be of interest to stakeholders can be accessed at www.interiorhealth.ca.

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations, and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) within the context of significant growth in demand.

Although the B.C. health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals that drive costly new procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health-care workers, and the need to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment). With current economic challenges facing B.C. such as the threatened stability of global financial markets, slower than anticipated economic growth in Asia dampening demand for B.C. exports, and a weakening of the US dollar impacting financial markets, it is even more important for the health system to find new and creative ways to ensure the resources available for health-care services are used effectively and in ways that most benefit the people of B.C. and Interior Health.

Within the B.C. context, this service plan is based on an understanding of Interior Health's current operations, and of trends and challenges that may impact delivery of health-care services into the future. When determining Interior Health's direction, key trends and challenges are considered and include: population characteristics; the increasing incidence of chronic diseases; the mix of rural and urban communities; advances in technology and pharmaceuticals; shortfalls in human resources; and infrastructure demands. While these trends are largely outside of Interior Health's control, specific actions are outlined in this service plan to influence their impact or outcome.

Interior Health's Population

Population characteristics are one of the many factors considered in the planning and delivery of health services provincially and within Interior Health.

In 2013, British Columbia's seniors population, aged 65 and over, made up 16 per cent of the province's total population and is expected to almost double within the next 20 years.[1] The aging population is a significant driver of demand as the need for health services rises dramatically with age. In 2009/10, people over age 65 made up 15 per cent of the B.C. population, but used 34 per cent of physician services, 49 per cent of acute care services, 47 per cent of PharmaCare expenditures, 76 per cent of home and community care services, and 93 per cent of residential care services.[2]

Interior Health also continues to face both a growing and an aging population. The total Interior Health population is projected to reach approximately 751,100 in 2014, representing 15.9 per cent of the B.C. population.[1] Between 2014 and 2019, the total population is projected to increase by 4.5 per cent or approximately 34,200 people. The population in Interior Health over the age of 65 is forecast to be 21.5 per cent in 2014 and increase to 24.3 per cent in 2019. The five-year growth rate for the Interior Health over 75 population is projected to grow 18.5 per cent across Interior Health in the next five years. The population over age 85 is also growing, which presents the health system with an increased need to provide appropriate care for those with frailty or dementia who are unable to live independently at home. This group is forecast to grow by 22.5 per cent (the provincial growth rate is 21.4 per cent) in the coming five years.

[1] PEOPLE 2013 Population Data, BC Stats

[2] Planning and Innovation Division, Ministry of Health; using MSP Expenditures 2009/10; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2009/10; HCC community and Residential Care services by age group 2009/10, summed based on average unit costs.

In 2006, there were 44,900 people who identified with an Aboriginal group living in the Interior Health region, constituting 6.7 per cent of the overall Interior Health population (British Columbia's overall rate is 4.8 per cent).[3] While improvements in overall mortality and increasing life expectancy in the Aboriginal population have been made, significant gaps in health status between Aboriginal and non-Aboriginal populations still exist. For instance, the Aboriginal population in B.C. experiences a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.[4]

Addressing the unique needs of First Nations and Aboriginal populations is a high priority for the health authority and for the B.C. health system as a whole. On October 1, 2013, core functions from Health Canada's First Nations Inuit Health Branch BC Region were transferred to the First Nations Health Authority (FNHA). These included responsibility for primary care and public health programs, management and protection of personal information, environmental and community health programs, along with funding agreements. By working closely with the FNHA, the health authority will work to ensure coordinated planning and service delivery efforts in support of BC First Nations health and wellness objectives.

Within Interior Health, there are notable variations in health status and other social determinants of health. Premature mortality has been generally accepted as a good measure of health status and health needs in the population. Vital Statistics' 2011 data for potential years of life lost index indicates significant variation in premature mortality across Interior Health Local Health Areas (LHAs),[5] with Kimberley and Golden ranking very low on the index and Revelstoke, Princeton, and Fernie having high premature mortality. Provincial socio-economic risk indices highlight the relatively low socio-economic status for Cariboo-Chilcotin, Lillooet, and Merritt LHAs. Rural areas are often at increased risk of poorer health outcomes and socio-economic risk measures.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma, and some cancers. People with chronic conditions represent approximately 38 per cent of the B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute care budgets.[6] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions within B.C. could increase 58 per cent over the next 25 years[7] and be a significant driver of demand for health services. Chronic diseases may be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption, and tobacco use.

The Rural/Urban Mix

Interior Health covers a large geographic area and serves larger, urban centres alongside a large number of small, rural, and remote communities. Only 11 of the 58 incorporated communities in the health authority have a population of 10,000 or more.[8] Within Interior Health there are 55 First Nations, the majority of which are rurally located. Many incorporated rural communities and First Nations may be geographically isolated, and cannot support the same number or types of services available in larger centres. On the other end of the spectrum, there are several larger, growing cities in the health authority that accommodate higher population density and diversity. Urban centres are more complex environments that often have large concentrations of populations with specific health concerns (e.g. isolated seniors or unemployed youth).

The challenge for Interior Health is to identify and provide the right mix of services within each community and consider how these services will link across the health authority to provide integrated and coordinated care. Alongside these efforts, Interior Health recognizes the strong sense of community that residents and health-

[3] BC Stats. Statistical Profile of Aboriginal Peoples 2006, Interior Health Authority.
[4] British Columbia Provincial Health Officer (2009). Pathways to Health and Healing – 2nd Report on the Health and Well-being of Aboriginal People in British Columbia. Provincial Health Officer's Annual Report 2007. Ministry of Healthy Living and Sport.
[5] British Columbia Vital Statistics Agency. Selected Vital Statistics and Health Status Indicators Annual Report 2011.
[6] Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07.
[7] BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health
[8] BC Stats. Demographic Analysis Section. Ministry of Citizens' Services and Open Government. Municipal Estimates, 2006 – 2012.

care providers have who live in rural areas, and the positive and highly innovative attitude that is present within these communities. Interior Health is aware of rural residents' unique health-care needs and acknowledges the challenges they face in accessing the services they require.

Consequently, Interior Health is faced with a vast geographic area and the mix of rural and urban populations, which together present challenges in planning and implementing new initiatives throughout the region. Continuous engagement with patients, communities, staff, and physicians has and will continue to be a key element in addressing the geographic complexity within the Interior Health region. By aligning Interior Health with the Ministry's first priority, to instil a health-care culture of patient-centred care, Interior Health is committed to: addressing population health needs; sharing responsibility with communities, residents, and health-care providers; being flexible and innovative; and doing all of this with a team-centred approach while recognizing that every person matters in addressing the rural/urban mix of the Interior Health region.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years have included less invasive surgery, increased use of diagnostic imaging, and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but have also led to a significant increase in demand for products and services. For example, Interior Health has experienced increases in both the number of MRI and CT exams. Between 2006/07 and 2013/14, the number of MRI exams increased 43.6 per cent while CT exams increased 47.5 per cent.[9] Additionally, the number of joint replacement procedures performed within Interior Health has also increased; the number of hip replacements has increased by 16 per cent to 1,021 and the number of knee replacements by 12 per cent to 1,452 between 2006/07 and 2013/14.[10]

Procedure	FY 2006/07	FY 2013/14	% Change
Hip Replacement	877	1021	16.4%
Knee Replacement	1294	1452	12.2%

Human Resources

Although attrition rates have recently decreased, projected retirements in the health sector workforce, combined with the rising demand for services are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and health-care workers. Planning for and ensuring that we have the required number of qualified health-care providers entering the workforce is still important; however, we also need to continue focusing on redesigning health service delivery models so that we are fully leveraging the skill sets of professionals, including creating and supporting integrated health-care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services while ensuring we are flexible enough to adapt to the changing needs of the population as we move forward.

Anticipated retirements by physicians and clinical staff in the coming five to 10 years are expected to contribute additional challenges for health service delivery in Interior Health. Physician shortages are exacerbated by the fact that younger cohorts of physicians generally work fewer hours compared with older cohorts.[11] This is often compounded in rural areas, where difficulty recruiting and retaining physicians and clinical staff can limit the sustainability of services. Clearly, the health-care workforce must change in response to the trends and challenges outlined in this section.

[9] Radiology Information System, Interior Health Meditech System.

[10] DAD Universe, Interior Health Data Warehouse (Discharge Abstract Database, Ministry of Health Services), 2006/07 Discharge Abstract CONNEX Universes, Interior Health Data Warehouse, 2013/14 (*Data is preliminary and subject to change.)

[11] Watson DE, Katz A, Reid RJ, Bogdanovic B, Roos N, Heppner P. Canadian Medical Association Journal. 2004 August 17; 171(4):339-342

Health System Infrastructure

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure, which is faced with the continuous need to update or expand health facilities, medical equipment, and information technology to ensure it provides high quality and safe health care to British Columbians. Interior Health continues to invest available capital funds in new equipment, new facilities, and expansions or upgrades to existing facilities and equipment, but with the limited investments to date, the organization's capital assets are approaching the end of their useful life.

Goals, Objectives, Strategies and Performance Measures

Interior Health: A Strategic Framework

Interior Health's ***Vision, Mission, Goals, Values, and Principles*** were affirmed in March 2013 and act as a platform upon which objectives and strategies are advanced. Within Interior Health's framework it states that it works for *"the best interests of all of our patients/clients/residents as well as our employees."* It is from this perspective that Interior Health highlights that it is focused on promoting a patient-centred culture across all health services. By committing to working in the best interests of patients/clients/residents and employees, Interior Health is working within a paradigm of *putting people first*, laying the foundational lens that *people matter*. This perspective promotes shared responsibility with people in their own care, fosters respectful collaboration between and among our health-care professionals, staff, and the people we serve. In essence, Interior Health is an organization that strives to embody our commitment to our patients and the public.

Interior Health Goal 1: Improve Health & Wellness

Objective 1.1:

Enable people to live healthier lives by working at the environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities.

Strategies

- Support communities, schools, and workplaces in promoting healthy lifestyles through a focus on healthy eating, increased physical activity, decreased sodium and sugary drink consumption, tobacco reduction, and mental health promotion.
- Continue implementation of Healthy Families BC through Healthy Eating, Healthy Start, Healthy Schools, and Healthy Communities activities including participating in the provincial Informed Dining Program, implementation of the BC Healthy Connections Project, supporting a comprehensive school health approach, and working with local governments in developing healthy community action plans.
- Meet the needs of First Nations and Aboriginal communities by collaborating with them, and the First Nation Health Authority, to plan and deliver culturally sensitive health-care services through the development of an organizational Aboriginal Health and Wellness Strategy that addresses mental health and substance use, cultural competency, access, and partnerships.
- Assess, recommend, and implement actions to improve the health of Interior Health's population.
- Partner with patients, clients, residents, and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percent of communities that have completed healthy living strategic plans	0%	31%	34%	42%
Data Source: Survey, ActNow B[illegible]nch, Population and Public Health Division, Ministry of Health.				

Discussion

Community efforts to support healthy living through planning, policy, built environments, and other mechanisms are critical to engaging individuals where they live, work, and play. Sustained community level actions across our communities will help to decrease the number of residents who develop chronic diseases. Interior Health continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Interior Health Goal 2: Deliver High Quality Care

Objective 2.1:

Provide care that is accessible, safe, effective, evidence informed, and delivered in the most appropriate setting. This care will be respectful of and responsive to the preferences and values of patients, clients, residents, and their families.

Strategies

- Work with partners to shift care to the community to best meet population and individual health-care needs, including establishing a community-based health-care system (also known as Integrated Primary and Community Care, or IPCC) developed in collaboration with physicians and teams of professionals to support patients and caregivers to effectively manage their own health.
- Implement IPCC acceleration initiatives such as Breathe Well for clients with chronic obstructive pulmonary disease, Home First for clients at high risk for admission into residential care or hospital beds, and the integration of mental health and substance use (MHSU) services with primary care for patients with severe mental illness or serious substance use disorders.
- Improve integrated services for MHSU clients by continuing implementation of the hospital to community diversion strategies, developing strategies for the provision of MHSU services for Aboriginal population, and implementing an MHSU Network.
- Continue to improve services for the frail elderly through the implementation of strategies and initiatives such as the BPSD (Behavioral and Psychological Symptoms of Dementia) algorithm, the CIeAR (Call for Less Antipsychotics in Residential Care) initiative, and the development of clinical decision support tools to reduce the number of fall-related injuries in residential care.
- Develop the Interior Health-wide palliative/End of Life Plan (EOL) that aligns with the provincial Palliative/EOL Strategy and Framework and continue to work towards implementing the Advance Care

Planning Initiative and policy that aligns provincially with EOL care work, as well as supporting the implementation of the Medical Orders for Scope of Treatment (MOST) and Designation Form as a consistent health-care decision making framework across the continuum.

- Improve access and care transitions through the guidance of a new Access and Care Transitions Strategy (ACT) which is focused on improving access, flow, and transitions of care. The continued implementation of strategies will focus on improving the flow of patients through our hospitals, enhance the delivery of care throughout the system ensuring resources are being used appropriately, and reduce wait times in our emergency departments.
- Develop a plan for alternative housing and care options to address service gaps, continue to evolve a multi-disciplinary approach to discharge planning in order to improve transitions in care.
- Work towards a comprehensive lab redesign strategy, which includes a rural strategy, in response to the provincial laboratory reform committee initiatives to improve quality.
- Improve quality of and access to surgical services by using our new governance structure effectively to set priorities and monitor achievement. Continuing the implementation of care pathways and Medical Device Reprocessing Quality Assurance Plan and waitlist management initiatives to meet ministry targets and ensure hip fracture fixation patients receive surgery within clinically acceptable time frames.
- Implement cardiac telehealth clinics, complete the design and construction for the Interior Heart and Surgical Centre at Kelowna General Hospital, and continue implementation of the transition of the Interior Health Cardiac Program.
- Improve patient transport services and improve access to and quality of emergency services.
- Drive clinical quality improvement throughout the health system, including through a guideline-based clinical care management system designed to assure a high standard of care and improve patient experience of care.
- Improve physician credentialing, privileging, and peer-review processes to improve the quality of care and public confidence in the delivery of services.
- Develop effective care models that address the unique needs of specific populations, including individuals with severe and persistent challenging behaviours, to increase access and flow to an appropriate continuum of residential care services.
- Provide resident-centred care through inter-professional care planning and clinical practice based on data and evidence.
- Continue to partner between the specialists and the Divisions of Family Practice at the local level on 24 shared care initiatives that focus on improving transitions in care, consultation and referral times, and patient flow between general practitioners and specialists and explore further shared care opportunities as the needs arise.
- Lead the Shared Care committee around the Child and Youth Mental Health Collaborative which aims to move province-wide in September 2014, and continue to positively engage specialists in partnership with local general practitioners in making quality improvement changes to the shared care populations of

congestive obstructive pulmonary disease, EOL, MHSU, and congestive health failure through Interior Health's practice support program.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2009/10 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged less than 75 years (Ambulatory Care Sensitive Conditions admissions rate)	329	275	259	236
Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.				

Discussion

This performance measure tracks the number of people with select chronic conditions, such as asthma, chronic obstructive pulmonary disease, heart disease, and diabetes, who are admitted to hospital. People with chronic conditions need the expertise and support of family physicians and other health-care providers to manage their disease in order to maintain their functioning and reduce complications that would require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries, and repeated diagnostic testing, all of which helps to maintain quality of life for people with chronic conditions, and helps to control the costs of health care. As part of a larger initiative to strengthen community-based health care and support services, family doctors, home health care providers, and other health-care professionals are working together to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

The target in 2014/15 has been changed from what was published in 2013/14 service plan. The rate of improvement has been slower than anticipated, although the rates for B.C. as a whole and in some areas of the province are the best in Canada. In other parts of B.C., primarily rural and remote regions, the rates of admissions for these chronic conditions are much higher than in more urban settings, and they are improving at a slower rate. This may be related to lifestyle, socioeconomic factors, and other determinants of health in rural and remote communities. Interior Health continues to monitor the rates on this measure across the region and to implement programs to improve care for people with chronic conditions.

Performance Measure 3: Home Health Care and Support for Seniors

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Rate of people aged 75+ receiving long term home health care and support, per 1,000 people	115	115	115	115

Data Source: P.E.O.P.L.E. 2013 population estimates, BC Stats; Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.
Note: This measure was previously stated as a per cent. Restating the measure as a rate per 1,000 population of people 75+ is consistent with reporting of these data by the Canadian Institute for Health Information

Discussion

This performance measure tracks the rate of seniors (aged 75+ years) who receive long term home health-care services such as case management, personal care, assisted living, and adult day services. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support people who need ongoing supports to manage daily living tasks. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that potentially can result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community-based health-care and support services, Interior Health is expanding home health-care services and ensuring that seniors at higher risk are made a priority in the provision of care. This focus, combined with the use of technology to aid in monitoring well-being, can significantly improve quality of life and other health outcomes for seniors.

Based on the provincial context Interior Health is providing home healthcare and supports for seniors at a higher rate than all other BC health authorities. Therefore, Interior Health's rate remains at 115 over the three year period of the health services plan. However, in order to keep pace with demographic changes Interior Health will need to continue to increase the number of people receiving home health care and support for seniors.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Percent of non-emergency surgeries completed within 26 weeks	88%	91%	92%	95%

Data Source: Surgical Wait Times Production (SWTP), Business Analytics Strategies and Operations Branch, Health System Planning Division, Ministry of Health.
Notes:
1. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed. The day the booking form is received at the hospital is NOT counted.
2. Periods when the patient is unavailable (e.g., travelling) are excluded from the total wait time.

Discussion

In the last several years, British Columbia's health system has increased the numbers of surgeries and successfully reduced wait times for cataract, hip and knee replacement, hip fractures and cardiac surgeries. Improving timely access to surgery remains a key provincial priority. Continuous effort to foster innovation and efficiency in British Columbia's hospitals will improve the timeliness of patients' access to an expanding range of surgical procedures. Strategies include working with surgical specialists and general practitioners at the community level to better coordinate access to timely surgical consultation, referral and treatment. This performance measure will track the proportion of non-emergency surgeries that are completed within 26 weeks, although many surgeries are completed in a much shorter time frame.

Interior Health Goal 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency

Objective 3.1:

Interior Health will promote new ways of working to provide better service and reduce costs.

Strategies

- Implement innovative approaches and service delivery models. This includes:
  - Achieving financial targets and cost savings through consolidation, participation in Health Shared Services BC (HSSBC), workforce utilization, and the BC Rural Collaborative.
  - Establishing and implementing action plans to achieve benchmark targets, value, and productivity performance.
  - Working towards developing rural telehealth solutions with support from the collaborative partnership established in 2013 with the University of British Columbia-Okanagan that focuses on health-care innovation using information technology.
  - Broadening the use of telehealth capabilities by enabling providers and patients to participate in telehealth sessions using a broad spectrum of infrastructure from rooms equipped with sophisticated video and medical telemetry equipment to mobile smartphone applications connected to consumer grade medical telemetry devices.
  - Implementing Lean in targeted service lines and prioritized projects.
- Develop priority plans and transparent decision making and accountability processes to achieve objectives and mitigate risks. This includes:
  - Implementing planning, performance monitoring and evaluation processes to support organizational alignment, quality improvement, and decision making.
  - Ensuring all levels of Interior Health are capable of responding to and managing significant incidents, disasters, and emergencies.
- Develop health human resource plans including effective recruitment and retention strategies, a Learning and Development Strategy, and business continuity and succession plans.
- Continue to implement team-based inter-professional models of care across acute and community sectors. This team-based approach will allow registered nurses, nurse practitioners, allied health professionals, and

others to work to optimal scope, enhance the workforce environment, improve quality of care and the patient, client, family, resident experience.

- Enhance information technology solutions to meet population health service needs including implementing provincial information management and information technology initiative work within Interior Health.
- Engage in community consultations and partner with community stakeholders. This includes strengthening connections with local elected officials and community stakeholders as well as working with directors and managers in all portfolios to identify and support community engagement opportunities to ensure the public voice is heard regarding potential service changes and health improvement.
- Manage drug formulary decisions and drug contracts in collaboration with the BC Health Authorities Pharmacy and Therapeutics Committee, Health Shared Services BC (HSSBC), and national buying groups to achieve the best therapeutic value for drugs.
- Continue expanding the clinical pharmacist support on clinical teams to ensure appropriate drug therapy for patients and to improve patient education.
- Implement a formal antimicrobial stewardship program to support appropriate prescribing of antimicrobials.
- Through the work of the Interior Health Pharmacy & Therapeutics Committee, support evidence-informed use of medications, provide decision support tools for clinicians, and provide ongoing medication management education for staff and physicians.
- Improve access to information about patient medication use by integrating PharmaNet information with Interior Health health information systems by working collaboratively with the provincial IMIT initiative.
- Continue to engage with communities to enhance recruitment processes in relation to human resource recruitment strategies for diagnostic imaging.

Interior Health Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Objective 4.1

Enhance relationships and encourage all who work at and volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues and influence individual lifestyle choices.

Strategies

- Enhance a healthy and safe work environment, including developing and implementing wellness and safety initiatives.
- Improve employee engagement using metrics and tools from the Gallup Employee Engagement Survey and an Interior Health-wide revised engagement strategy.
- Deliver the BC Health Authority Leadership Development Collaborative leadership development strategy by offering leadership development to leaders across Interior Health.
- Continue to provide change management training, consulting, and advisory support to increase the organizations' overall capacity for change.
- Enhance our capacity to manage change by providing direct change management support for organizational imperatives, developing change management evaluation processes, and implementing change mapping and support throughout Interior Health.

Performance Measure 5: Nursing Overtime

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	≤ 3.3%	≤ 3.3%	≤ 3.3%
Data Source: Based on calendar year. Health Sector Compensation Information System (HSCIS). Health Employers Association of British Columbia (HEABC).				

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses work. Overtime is a key indicator of the overall health of a workplace. High rates of overtime may reflect inadequate staffing or high levels of absenteeism, resulting in workload issues and increased costs. Reducing overtime rates by addressing the underlying causes not only assists in reducing direct (e.g., labour) and indirect (e.g., unengaged staff) costs to the health system, but also helps promote both patient and caregiver safety.

The three-year targets are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. To accomplish this, Interior Health has initiated strategies which are geared towards supporting managers to reduce their overtime rates. The strategies apply to all employee groups including nurses. These strategies include the new Attendance Promotion Program, the creation of standardized Overtime Analysis Reports – done through Workforce Innovation Consultants, and the implementation of the Casual Utilization Program, all of which were launched in late fall 2013. All of these strategies will work towards reducing overtime through a variety of avenues, including overtime caused by short call shifts associated with sick calls, and new and improved reporting and analysis work to provide recommendations to departments and units that should lead to a reduction in overtime rates.

Resource Summary

($ millions)	2013/14 Actual	2014/15 Budget	2015/16 Plan	2016/17 Plan
OPERATING SUMMARY				
Provincial Government Sources	1,771.9	1,797.9	1,843.8	1,879.6
Non-Provincial Government Sources	158.7	155.5	157.2	161.5
Total Revenue:	1,930.6	1,953.4	2001.0	2,041.1
Acute Care	1,046.6	1,072.8	1,109.2	1,126.7
Residential Care	367.9	369.7	375.2	396.8
Community Care	191.6	196.6	199.4	200.9
Mental Health & Substance Use	110.0	118.8	119.5	120.0
Population Health & Wellness	54.7	58.5	59.0	59.3
Corporate	126.0	137.0	138.7	137.4
Total Expenditures:	1,896.8	1,953.4	2,001.0	2,041.1
Surplus (Deficit)	33.8	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	57.3	94.5	52.6	76.3
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	64.0	74.4	50.9	12.1
Total Capital Spending	121.3	168.9	103.5	88.4

Capital Project Summary

Community Name	Facility location	Project Name	Total Project Cost ($ million)
Facility Projects			
Kelowna	Kelowna General Hospital	Interior Heart and Surgical Centre	355.0 [1,2]
Kamloops	Royal Inland Hospital	Clinical Services Building	80.4 [1]
Vernon	Vernon Jubilee Hospital	Inpatient Bed Expansion	29.7 [1]
Cranbrook	East Kootenay Regional Hospital	Intensive Care Unit Redevelopment and Electrical Upgrade	20.0
Nelson	Kootenay Lake Hospital	Emergency Department Redevelopment & Computerized Tomography (CT) Scanner	14.9
Kamloops	Royal Inland Hospital	Intensive Care Unit Renovation	11.0
Kamloops	Royal Inland Hospital	Surgical Services Expansion	3.7 [1]
Equipment			
Kelowna	Kelowna General Hospital	Hybrid Operating Room	4.1
Kelowna	Kelowna General Hospital	Computerized Tomography (CT) Scanner	2.8

1 Including planning costs.
2 Excluding reserves held by the Province.

Contact Information

For more information about Interior Health and the services it provides, visit www.interiorhealth.ca or contact:

Interior Health Administrative Offices
220-1815 Kirschner Road
Kelowna, BC V1Y 4N7
Phone: 250-862-4200
Fax: 250-862-4201
Email: webmaster@interiorhealth.ca

Hyperlinks to Additional Information

Ministry of Health - www.gov.bc.ca/health

Interior Health Authority - www.interiorhealth.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority – www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca/default.htm

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

HealthLink BC - www.healthlinkbc.ca